FEC FORM 1

## STATEMENT OF ORGANIZATION

FO	RM 1		ORGANIZATION					
			(See instructions)				Office use only	
	ME OF MMITTEE (i	n full)		(Check if name is changed)		imple: If typying, type r the lines	12FE4M5	
RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RET-								
ــــــــــــــــــــــــــــــــــــــ	ш				шш			
ADDRES	SS (number ar	nd street)	1700	N. Moore Str	eet 			
	Check if addre	ess	Suite	2250			1111	
,	changed)		ARLI	NGTON			VA	22209
					CITY	•	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
,	Check if addre	ess	bill.h	ughes@rila.c	org			
	oagod/				ш	111111		
COMMITTEE'S WEB PAGE ADDRESS (URL)								
,	Check if addre	ess	rila.o	rg 	ш			
	o.i.a.i.gou							
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00112763								
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer William John Hughes								
Type or F	Print Name o	of Treasure	er <u>v</u>	viillaili Joilii	nugnes			
Signature of Treasurer Electronically Filed by William John Hughes Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)